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PTO/SB/01 (10-00)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	EN 11343
First Named Inventor	LLOYD
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SPEAKERPHONE ACCESSORY**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:				

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number \_\_\_\_\_ OR  Correspondence address below

Name Philip H. Burrus, IV

Address Intellectual Property Department

Address 8000 West Sunrise Boulevard - Room 1610

City Fort Lauderdale	State Florida	ZIP 33322
----------------------	---------------	-----------

Country United States	Telephone (770) 338-3227	Fax (847) 761-1288
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any])	GRANT HARRIES	Family Name or Surname	LLOYD
---	---------------	---------------------------	-------

Inventor's Signature		Date 10/30/01
----------------------	---	---------------

Residence: City LAWRENCEVILLE	State GEORGIA	US	Citizenship US
-------------------------------	---------------	----	----------------

Mailing Address 1825 RACQUET CLUB CIRCLE	
--	--

Mailing Address			
City LAWRENCEVILLE	State GEORGIA	ZIP 30043	Country UNITED STATES

NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name (first and middle [if any])	CHARLES S.	Family Name or Surname	BAXTER
---	------------	---------------------------	--------

Inventor's Signature		Date 10/30/01
----------------------	---	---------------

Residence: City LAWRENCEVILLE	State GEORGIA	US	Citizenship US
-------------------------------	---------------	----	----------------

Mailing Address 3250 SWEETWATER ROAD - APARTMENT 1621	
---	--

Mailing Address			
City LAWRENCEVILLE	State GEORGIA	ZIP 30044	Country UNITED STATES

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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## DECLARATION

### ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
PAUL JAMES		FAERBER	
Inventor's Signature	<i>Paul James Faerber</i>		Date
Residence: City	State	Country	Citizenship
LAWRENCEVILLE	GA	USA	USA
Mailing Address 1365 WATERCREST CIRCLE			
Mailing Address			
City	State	ZIP	Country
LAWRENCEVILLE	GEORGIA	30043	UNITED STATES
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
DAVID		TOWNSEND	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
VILLAGE OF LAKWOOD	IL	USA	USA
Mailing Address 7411 FAIRWAY DRIVE			
Mailing Address			
City	State	ZIP	Country
VILLAGE OF LAKWOOD	IL	60014	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 22

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
PAUL JAMES		FAERBER	
Inventor's Signature		Date	
Residence: City	LAWRENCEVILLE	State	GA
		Country	USA
Citizenship	USA		
Mailing Address	1365 WATERCREST CIRCLE		
Mailing Address			
City	LAWRENCEVILLE	State	GEORGIA ZIP 30043
		Country	UNITED STATES
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname	
DAVID D / D		TOWNSEND	
Inventor's Signature			Date 10/30/01
Residence: City	VILLAGE OF LAKWOOD	State	IL
		Country	USA
Citizenship	USA		
Mailing Address	7411 FAIRWAY DRIVE		
Mailing Address			
City	VILLAGE OF LAKWOOD	State	IL ZIP 60014
		Country	USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT,  
NOT ACCOMPANYING  
APPLICATION**

Application Number	
Filing Date	
First Named Inventor	LLOYD
Group Art Unit	
Examiner Name	
Attorney Docket Number	EN11343

I hereby appoint:

Practitioners at Customer Number

OR

Practitioner(s) named below:

Name	Registration Number
Philip H. Burrus, IV	45, 432
Scott Kevin Pickens	34, 696

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Number Bar Code  
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OR

Firm or  
Individual Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I am the:

Applicant.

Assignee of record of the entire interest

Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name	PAUL FAERBER
Signature	<i>Paul Faerber</i>
Date	30 Oct '01

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AUTHORIZATION OF AGENT,  
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APPLICATION**

Application Number	
Filing Date	
First Named Inventor	LLOYD
Group Art Unit	
Examiner Name	
Attorney Docket Number	EN113A3

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Name	Registration Number
Philip H. Burrus, IV	45, 432
Scott Kevin Pickens	34, 696

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State

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I am the:

Applicant.

Assignee of record of the entire interest  
*Certificate under 37 CFR 3.73(b) is enclosed*

SIGNATURE of Applicant or Assignee of Record

Name	Charles BAXTER
Signature	<i>Charles Baxter</i>
Date	10/30/01

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First Named Inventor	LLOYD
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Examiner Name	
Attorney Docket Number	EN11343

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Practitioners at Customer Number

*OR*

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Name	Registration Number
Philip H. Burrus, IV	45, 432
Scott Kevin Pickens	34, 696

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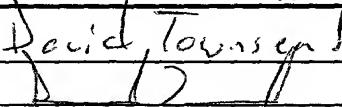
<input type="checkbox"/> Firm or Individual Name		
Address		
Address		
City	State	ZIP
Country		
Telephone	Fax	

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Assignee of record of the entire interest  
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**SIGNATURE of Applicant or Assignee of Record**

Name	David Townsend
Signature	
Date	10/30/01

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Examiner Name	
Attorney Docket Number	EN11343

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Practitioners at Customer Number

*OR*

Practitioner(s) named below:

Name	Registration Number
Philip H. Burrus, IV	45, 432
Scott Kevin Pickens	34, 696

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Address				
City		State		ZIP
Country				
Telephone		Fax		

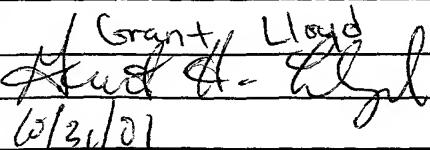
I am the:

Applicant.

Assignee of record of the entire interest

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**SIGNATURE of Applicant or Assignee of Record**

Name	Grant Lloyd
Signature	
Date	6/31/01

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